

North Wales Academy
1000 S Easton Road
Suite 104
Wyncote, PA 19095

The Bryn Mawr Trust Company 0
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Check Date 7/24/2020

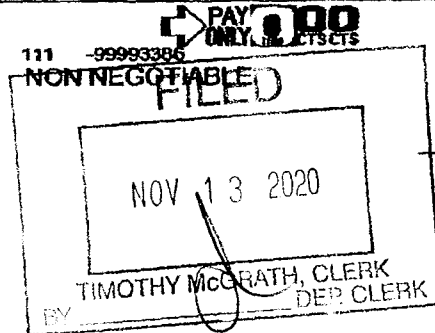
Check Number Memo

Pay No Dollars and No Cents

\$*****

To the Order of:

Helen Baron
6107 Glen Road
Reading, PA 19606



Authorized Signature

Helen Baron

North Wales Academy

1000 S Easton Road Suite 104
Wyncote, PA 19095 215-885-3900

Company: 20140R
Number: 111
Social Security #: XXX-XX-2708
Hire Date: 9/3/2019
Period Begin: 7/1/2020
Period End: 7/17/2020
Check Date: 7/24/2020
Check Number: -99993386
Division:
Branch:
Department:
Team:

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Earnings

Description	Location / Job	Rate	Hours/Pieces	Current	Year To Date
Overtime					45.00
Regular		15.00	80.00	1200.00	8955.60
Personal/Sick					450.00
Holiday					360.00
Misc					150.00
Training					120.00
In Service					120.00

Deductions

Description	Current	Year To Date
Fed (S0) (1200.00)	118.87	997.89
OASDI (1200.00)	74.40	632.44
Medicare (1200.00)	17.40	147.91
PA (SM/0) (1200.00)	36.84	313.16
PA-EE SU(1200.00)	0.72	6.12
Cheltenham Township LST(1200.00)	2.00	18.00
Exeter Twp-Berks County(1200.00)	12.00	102.01
Checking	937.77	7963.07

Total Earnings		80.00	1200.00	10200.60	Total Deductions		1200.00	10200.60	
NET PAY		937.77	Total Direct Deposits		937.77	Check Amount		0.00	0.00

INCOME CONTRIBUTION AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF

Berks

NAME OF DEBTOR(S)

Helen Baron

CHAPTER 13 CASE #

20-11292

I, Lillian Ashton, the person whose name is signed below, hereby swear/affirm that the following are true and correct:

1. The debtor(s) named above is/are my daughter (specify relationship, for example – mother, father, brother, friend).

2. I contribute financial support in the amount of \$ 1576.00 on a monthly basis to the debtor(s).

3. The source of my income is Social Security (for example, wages from employment, self-employment, disability payments, Social Security, et cetera). The name of my employer is _____ (if applicable).

4. I will continue to make such contributions to the debtor(s) for the entire duration of the Chapter 13 plan of the debtor(s).

11/2/20
Date

Lillian Ashton
Affiant/Contributor (signature)

Lillian Ashton
Affiant/Contributor (print name)

INCOME CONTRIBUTION AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF

Berks

NAME OF DEBTOR(S)

Helen Baron

CHAPTER 13 CASE #

20-11292

I, Phillip Duval, the person whose name is signed below, hereby swear/affirm that the following are true and correct:

1. The debtor(s) named above is/are my girlfriend (specify relationship, for example - mother, father, brother, friend).

2. I contribute financial support in the amount of \$1000⁰⁰ on a monthly basis to the debtor(s).

3. The source of my income is employment (for example, wages from employment, self-employment, disability payments, Social Security, et cetera). The name of my employer is _____ (if applicable).

4. I will continue to make such contributions to the debtor(s) for the entire duration of the Chapter 13 plan of the debtor(s).

11/2/20
Date

Phillip Duval
Affiant/Contributor (signature)

Phillip Duval
Affiant/Contributor (print name)